MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041437 STATE FILE NUMBER

Registration District No. _____ 318 Primary Registration District No. 1003 Registrar's No. 10216

DO NOT WRITE ON THIS STUB   AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.   SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

FILED OCT 17 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis   Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Edgewater Nursing Home   Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.   b. COUNTY

c. CITY OR TOWN: St. Louis   Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4719 Jamieson Ave.   Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: Nellie   Middle: H.   Last: Feickert

4. DATE OF DEATH Month 10 Day 12 Year 63

5. SEX Female   **6. COLOR OR RACE** White   **7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐   **8. DATE OF BIRTH** 5-3-1880   **9. AGE (last birthday)** 83   IF UNDER 1 YEAR Months/Days   IF UNDER 24 HR Hours/Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Philip Dreste
13b. MOTHER'S MAIDEN NAME: Caroline Schwad
14. NAME OF HUSBAND OR WIFE: Late Robert Feickert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No None
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. William Witler   Address: 4719 Jamieson Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 4200

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis Uremia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m./p.m.   Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from July 1963 to 10/12/63 and last saw her alive on 10/12/63
Death occurred at 6: A.m. 10/12/63 m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE _____ (Degree or title)
22b. ADDRESS 3915 Watson Rd
22c. DATE SIGNED 10/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Oct. 15, 1963
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
23d. LOCATION (City, town, or county): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Kriegshauser ADDRESS 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG. OCT 14 1963
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _RW Storrsand_____
　　　　Signature of Student Embalmer

　　　　　　　　　　　　　　　　　　　　　　　　　Licensed Embalmer No. _4007_

　　　　　　　　　　　　　　　　　　　　　　　　　P. O. Address _St Louis Mo_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
　　If this body is not embalmed, fact should be so stated above.